

**Rapid survey on the intent to be immunized against Covid-19 amongst undocumented migrants**

In order to properly meet your health needs, we would like to hear your opinion on the COVID-19 vaccination. This information is anonymous and confidential.

Please tick the correct answer (s) ☒

1. Gender
  - a. ☐ Female
  - b. ☐ male
2. Age
3. Country of birth
4. Have you suffered from a COVID-19 infection (one choice)
  - a. ☐ No
  - b. ☐ Yes probably but I haven't been tested
  - c. ☐ Yes and I have been tested
5. If yes, when (month/year)?
6. Has somebody living at the same place as you (family or friend) suffered from a COVID-19 infection (one choice)
  - a. ☐ No
  - b. ☐ Yes probably but she/he hasn't been tested
  - c. ☐ Yes and she/he has been tested
7. Do you have any of the following medical conditions that could put you at risk for severe COVID-19 infection (multiple choices)
  - a. ☐ High blood pressure (hypertension) or a cardiac (heart) condition
  - b. ☐ Diabetes
  - c. ☐ Excessive weight
  - d. ☐ Chronic disease of the lungs
  - e. ☐ Chronic disease of the kidneys
  - f. ☐ No
  - g. ☐ I don't know
8. What do you think is the risk to your health related to COVID-19 (multiple choices)
  - a. ☐ I think the risk is too low to worry
  - b. ☐ I follow the recommendations about protection, this is sufficient to be protected
  - c. ☐ I don't think I am at risk of a severe infection
  - d. ☐ I already got COVID-19 so there is no more risk

- e. ☐ I prefer being infected to develop my own immunity
  - f. ☐ I am worried about developing a severe form of COVID-19
  - g. ☐ I don't know
9. Do you believe that migrants/persons in your situation will have access to the COVID-19 vaccines here in **Switzerland** (one choice)
- a. ☐ Yes
  - b. ☐ No
  - c. ☐ I don't know
10. If no, for what reasons (multiple choices)
- a. ☐ Lack of health insurance
  - b. ☐ High cost
  - c. ☐ Lack of right to enroll into immunization programs
  - d. ☐ Don't know where to go
  - e. ☐ Other reason
11. If the vaccine is offered to you, would you like to get immunized against COVID-19 (one choice)
- a. ☐ Yes, no doubt
  - b. ☐ Probably yes
  - c. ☐ Probably no
  - d. ☐ No
  - e. ☐ I haven't decided yet
12. If yes, where could you receive the vaccine (multiple choices)
- a. ☐ Hospital (**HUG**)
  - b. ☐ Private doctor
  - c. ☐ Pharmacy
  - d. ☐ Community organization, charity
  - e. ☐ Public health clinic
  - f. ☐ Other
13. What is your point of view about vaccines in general (multiple choices)
- a. ☐ I trust in vaccines
  - b. ☐ I believe it will protect me
  - c. ☐ I am against vaccines in general
  - d. ☐ I prefer alternative remedies

- e. ☐ I believe I can resist to infections without vaccines
  - f. ☐ If I have to suffer an infection, vaccine won't help for that
14. What is your point of view about the COVID-19 vaccines (multiple choices)
- a. ☐ I trust the COVID-19 vaccine
  - b. ☐ I believe it will protect me
  - c. ☐ I don't trust in vaccines using genetic material
  - d. ☐ I am afraid of negative effects
  - e. ☐ I think it won't protect me long enough
  - f. ☐ I don't want to receive two doses
  - g. ☐ I already had COVID-19 so I don't think I need it
15. How do you access to information about COVID-19 vaccines (multiple choices)
- a. ☐ TV, radio, newspapers in **Switzerland**
  - b. ☐ TV, radio, newspapers from my country of origin
  - c. ☐ Websites of the hospital/health authority in **Switzerland**
  - d. ☐ Website of the government in **Switzerland**
  - e. ☐ Social media (Facebook, YouTube, Instagram, WhatsApp, etc.)
  - f. ☐ Friends and relatives
  - g. ☐ Other

Thank you very much for your participation